



STATE OF ARIZONA
POLITICAL COMMITTEE
CAMPAIGN FINANCE REPORT

FOR OFFICE USE ONLY

RECEIVED FEB 01 2010

1. CITIZENS FOR BENSON HOSPITAL
Full Name of Committee

602 W. STAR DUST TRAIL
Address

ST. DAVID 85630 COCHISE 520-720-8709
City Zip Code County Phone #

3. ID# 09-01 PC

2. _____
Sponsoring Organization (If applicable)

Name of Candidate and Office Sought (If applicable)

Email Address Fax#

4. REPORTING PERIOD (Please Check Appropriate Box)		DUE BETWEEN
a.	<input type="checkbox"/> PRE-ELECTION REPORT- For Period of January 1, 2009 through April 29, 2009	April 30, 2009 and May 7, 2009
b.	<input checked="" type="checkbox"/> POST-ELECTION REPORT- For Period of April 30, 2009 through June 8, 2009	June 9, 2009 and June 18, 2009
c.	<input type="checkbox"/> JANURARY 31ST REPORT- For Period of June 9, 2009 through December 31, 2009	January 1, 2010 and February 1, 2010

5.	Summary	Column A Total This Reporting Period	Column B Election Period Total to Date
5a.	Total Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		— 0 —
5b.	Cash on Hand at the Beginning of this Reporting Period	— 0 —	
5c.	Total Receipts (from corresponding columns on Detailed Summary Page, line 8)	1210.00	1210.00
5d.	Subtotal (add lines b and c for column A and add lines a and c for column b)	1210.00	1210.00
6a.	Total Debts and obligations from Previous Campaign Committee at Beginning of this election Period (or at time Statement of Organization was filed for the new committee) (Do not add or subtract this line from the other lines)		—
6b.	Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	1210.00	1210.00
7.	Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d)	— 0 —	— 0 —

Revised 6/2007

**DETAILED SUMMARY PAGE OF
RECEIPTS AND DISBURSEMENTS**

PAGE 2

1. Committee Name CITIZENS FOR BENSON HOSPITAL

2. ID #

3. Report covering period of 03/12/09 - 07/24/09

RECEIPTS

Column A This Period	Column B Campaign to Date
-------------------------	------------------------------

1165.00	1165.00
45.00	45.00
—	—
1210.00	1210.00
—	—
—	—
—	—
—	—
—	—
1210.00	1210.00

4. Contributions other than loans and in-kind:
- (a) Individuals - more than \$25 (Total from Schedule A)
 - (b) Individuals - aggregate \$25 or less (Total from Schedule A-1)
 - (c) Political Committees (Total from Schedule B)
 - (d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]
 - (e) Refund of contributions (Total from Schedule F-2)
 - (f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)
- (b) All other loans (Total from Schedule C-1)
- (c) Total Loans [add 5(a) and 5(b)]
6. In-kind contributions (Total from Schedule E)
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)
8. Total Receipts [add 4(f), 5(c), 6, and 7]

DISBURSEMENTS

1110.85	1110.85
—	—
—	—
—	—
—	—
—	—
—	—
99.15	99.15
1210.00	1210.00
—	—
1210.00	1210.00

9. Expenditures for operating expenses (Total from Schedule D)
10. Independent Expenditures (Total from Schedule D-1)
11. Value of In-kind expenditures (Total from Schedule E)
12. Loans made by reporting committee (Total from Schedule D-2)
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)
- (b) Repayment of all other loans (Total from Schedule D-5)
- (c) Total Loan Repayments [add 13(a) and 13(b)]
14. Transfers to other political committees (Total from Schedule D-6)
15. Any other disbursement (Total from Schedule D-7)
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)
18. Total disbursements [subtract line 17 from line 16]
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

SHELLEY SEIFERT

Type or Print Name of Treasurer

Shelley Seifert

07-27-09

Date

Signature of Treasurer or Candidate or Designating Individual

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name CITIZENS FOR BENSON HOSPITAL

2. ID#

3. Report covering period from 03-12-09 thru 07-24-09

CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a	Name <u>ROB RACHOWIECKI</u> Street Address <u>450 S. OCOTILLO</u> City <u>BENSON</u> State <u>AZ</u> Zip <u>85602</u> Occupation <u>RESP. THERAPIST</u> Employer <u>BENSON HOSPITAL</u>	05/19/09	40 ⁰⁰	\$40 ⁰⁰
b	Name <u>ROSEMARIE DETWEILER</u> Street Address <u>24261 E. SHAWNEE TRAIL</u> City <u>BENSON</u> State <u>AZ</u> Zip <u>85602</u> Occupation <u>PURCHASING</u> Employer <u>BENSON HOSPITAL</u>	05/22/09	50 ⁰⁰	\$50 ⁰⁰
c	Name <u>SHELLEY SEIFERT</u> Street Address <u>602 W. STAR DUST TRAIL</u> City <u>ST. DAVID</u> State <u>AZ</u> Zip <u>85630</u> Occupation <u>DIRECTOR</u> Employer <u>BENSON HOSPITAL</u>	05/22/09	75 ⁰⁰	\$75 ⁰⁰
d	Name <u>DENISE HURTADO</u> Street Address <u>3715 N PANTANO ROAD</u> City <u>TUCSON</u> State <u>AZ</u> Zip <u>85750</u> Occupation <u>CFU</u> Employer <u>BENSON HOSPITAL</u>	06/09/09	250 ⁰⁰	\$250 ⁰⁰
e	Name <u>BOB ROBERTS</u> Street Address <u>450 S. OCOTILLO</u> City <u>BENSON</u> State <u>AZ</u> Zip <u>85602</u> Occupation <u>IT</u> Employer <u>BENSON HOSPITAL</u>	06/09/09	250 ⁰⁰	\$250 ⁰⁰
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [Transfer total to Detailed Summary Page, Line 4(a), Column A]			

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS more than \$25 – from INDIVIDUALS***SCHEDULE A**

Ronald McKinnon
722 East El Sol Circle
Benson, AZ 85602
CEO Benson Hospital

06/10/09	\$500.00	\$500.00
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Totals

\$1165.00	\$1165.00
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CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name

CITIZENS FOR BENSON HOSPITAL

2. ID#

3. Report covering period from

03-12-09

thru

07-24-09

4. Aggregate Total of Contributions of \$25 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
CARY GOLDEN	\$20.00	\$20.00
KIM GUILLIAMS	\$5.00	\$5.00
GARY MALUF	\$10.00	\$10.00
NATALIE SABIN	\$10.00	\$10.00
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b) Column A]	\$45.00	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]
		\$45.00

If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule.
List \$5 Clean Election qualifying contributions separately on Schedule A-2.

revised 4/2003

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#

1. Committee Name

Citizens for Benson Hospitals

3. Report covering period from

03-12-09

thru

07-24-09

CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN DATE TO
IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4.			
a	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
b	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
c	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
d	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
e	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
f	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
g	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
h	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
i	ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]		

CANDIDATE LOANS

SCHEDULE C

1. Committee Name

Citizens for Benson Hospital

2. ID#

3. Report covering period from

03/12/09

thru

07/24/09

LOANS MADE OR GUARANTEED BY CANDIDATE				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, FROM WHOM RECEIVED						
4.						
4a	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
b	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
c	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
d	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
e	Last	First	Initial			
	Street Address					
	City	State	Zip			
	Description					
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]					

OTHER LOANS

SCHEDULE C-1

1. Committee Name

Citizens for Berson Hospital

2. ID#

3. Report covering period from

thru

ALL OTHER LOANS		DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4. NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN				
a	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
b	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
c	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
d	NAME OF PERSON OR COMMITTEE MAKING LOAN AND ID#			
	Street Address			
	City, State, Zip			
	NAME OF ENDORSER OR GUARANTOR OF LOAN			
	Street Address			
	City, State, Zip			
	Description			
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(b), Column A]				

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name

CITIZENS FOR BENSON HOSPITAL

2. ID#

3. Report covering period from

03-12-09

thru

07-24-09

EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE	
4. NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE						
a	Name	STEREO 97 INC		06/12/09	492 ⁰⁰	
	Street Address	156 W. FIFTH STREET				
	City	BENSON	State AZ			Zip 85602
	Description of Items or Services Purchased	RADIO ADS				
b	Name	BENSON HOSPITAL		07/21/09	218. ⁸⁵	
	Street Address	430 S. OCOTILLO				
	City	BENSON	State AZ			Zip 85602
	Description of Items or Services Purchased	SUPPLIES				
c	Name	BENSON HOSPITAL		07/22/09	400.00	
	Street Address	430 S. OCOTILLO				
	City	BENSON	State AZ			Zip 85602
	Description of Items or Services Purchased	PRINTING SERVICES				
d	Name					
	Street Address					
	City		State			Zip
	Description of Items or Services Purchased					
e	Name					
	Street Address					
	City		State			Zip
	Description of Items or Services Purchased					
f	Name					
	Street Address					
	City		State			Zip
	Description of Items or Services Purchased					
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detailed Summary Page Line 9, Column A]				1110.85	

INDEPENDENT EXPENDITURES*

SCHEDULE D-1

1. Committee Name

Citizens for Benson Hospital

2. ID#

3. Report covering period from

thru

INDEPENDENT EXPENDITURES				DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
4. IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITED OR OPPOSED					
a	Name				
	Street Address				
	City	State	Zip		
	Purpose and Description of Purchase		Benefited [] Opposed []		
	Candidate	Office Sought	Year of Election		
b	Name				
	Street Address				
	City	State	Zip		
	Purpose and Description of Purchase		Benefited [] Opposed []		
	Candidate	Office Sought	Year of Election		
c	Name				
	Street Address				
	City	State	Zip		
	Purpose and Description of Purchase		Benefited [] Opposed []		
	Candidate	Office Sought	Year of Election		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page Line 10, Column A]					

* SEE A.R.S. §16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

Signature of Treasurer

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

1. Committee Name

Citizens for Benson Hospital

2. ID#

3. Report covering period from

thru

4. LOANS MADE BY THE REPORTING COMMITTEE				DATE LOAN MADE	AMOUNT OF LOAN
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE					
a	Committee Name	ID#			
	Address				
	City	State	Zip		
b	Committee Name	ID#			
	Address				
	City	State	Zip		
c	Committee Name	ID#			
	Address				
	City	State	Zip		
d	Committee Name	ID#			
	Address				
	City	State	Zip		
e	Committee Name	ID#			
	Address				
	City	State	Zip		
f	Committee Name	ID#			
	Address				
	City	State	Zip		
g	Committee Name	ID#			
	Address				
	City	State	Zip		
h	Committee Name	ID#			
	Address				
	City	State	Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [if last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A]				

OFFSETS TO OPERATING EXPENSES*

SCHEDULE D-3

1. Committee Name

Citizens for Benson Hospital

2. ID#

3. Report covering period from

thru

4. REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES		DATE REFUND RECEIVED	AMOUNT OF THE REFUND
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED			
a	Name		
	Street Address		
	City State Zip		
	Description of Refund		
b	Name		
	Street Address		
	City State Zip		
	Description of Refund		
c	Name		
	Street Address		
	City State Zip		
	Description of Refund		
d	Name		
	Street Address		
	City State Zip		
	Description of Refund		
e	Name		
	Street Address		
	City State Zip		
	Description of Refund		
f	Name		
	Street Address		
	City State Zip		
	Description of Refund		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 (if last page of Schedule D-3, transfer total to Detailed Summary Page, Line 17, Column A)		

* Includes return of contributions made by reporting committee

Schedule D-3 Page ____ of ____

revised 4/2003

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

1. Committee Name

Citizens for Benson Hospital

2. ID#

3. Report covering period from

thru

4. REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE			DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE				
a	Name			
	Street Address			
	City	State	Zip	
b	Name			
	Street Address			
	City	State	Zip	
c	Name			
	Street Address			
	City	State	Zip	
d	Name			
	Street Address			
	City	State	Zip	
e	Name			
	Street Address			
	City	State	Zip	
f	Name			
	Street Address			
	City	State	Zip	
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [if last page of Schedule D-4, transfer total to Detailed Summary Page, Line 13(a), Column A]			

REPAYMENT OF OTHER LOANS

SCHEDULE D-5

1. Committee Name

Citizens for Benson Hospital

2. ID#

3. Report covering period from

thru

4. REPAYMENT OF ALL OTHER LOANS				DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE					
a	Name and ID Number				
	Street Address				
	City	State	Zip		
b	Name and ID Number				
	Street Address				
	City	State	Zip		
c	Name and ID Number				
	Street Address				
	City	State	Zip		
d	Name and ID Number				
	Street Address				
	City	State	Zip		
e	Name and ID Number				
	Street Address				
	City	State	Zip		
f	Name and ID Number				
	Street Address				
	City	State	Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 (If last page of schedule Transfer total to Detailed Summary Page, Line 13(b), Column A)				

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

1. Committee Name Citizens for Benson Hospital

2. ID#

3. Report covering period from _____ thru _____

4. TRANSFERS MADE BY THE REPORTING COMMITTEE			
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE	DATE TRANSFER WAS MADE	AMOUNT OF THE TRANSFER
a	Name and ID Number		
	Street Address		
	City State Zip		
b	Name and ID Number		
	Street Address		
	City State Zip		
c	Name and ID Number		
	Street Address		
	City State Zip		
d	Name and ID Number		
	Street Address		
	City State Zip		
e	Name and ID Number		
	Street Address		
	City State Zip		
f	Name and ID Number		
	Street Address		
	City State Zip		
5	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column A]		

ANY OTHER DISBURSEMENT

SCHEDULE D-7

1. Committee Name

CITIZENS FOR BENSON HOSPITAL

2. ID#

3. Report covering period from

03-12-09

thru

07-24-09

4. ANY OTHER DISBURSEMENT		DATE DISBURSEMENT MADE	AMOUNT OF THE DISBURSEMENT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION			
a	<p>Name and ID Number</p> <p>Street Address</p> <p>City</p> <p>State</p> <p>Zip</p> <p>Description</p>	07/24/09	99.15
b	<p>Name and ID Number</p> <p>Street Address</p> <p>City</p> <p>State</p> <p>Zip</p> <p>Description</p>		
c	<p>Name and ID Number</p> <p>Street Address</p> <p>City</p> <p>State</p> <p>Zip</p> <p>Description</p>		
d	<p>Name and ID Number</p> <p>Street Address</p> <p>City</p> <p>State</p> <p>Zip</p> <p>Description</p>		
e	<p>Name and ID Number</p> <p>Street Address</p> <p>City</p> <p>State</p> <p>Zip</p> <p>Description</p>		
f	<p>Name and ID Number</p> <p>Street Address</p> <p>City</p> <p>State</p> <p>Zip</p> <p>Description</p>		
5 ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 (If last page of Schedule D-7, transfer total to Detailed Summary Page, Line 15, Column A)			99.15